expression of a gene or genes in transgenic animals such that the transfected genes will be protected and stably expressed in the tissues of the transgenic animal or its offspring. For example, even if the DNA of the construct integrates into areas of silent chromatin in the genomic DNA of the host animal, the gene will continue to be expressed. The invention could provide a means of improving the stable integration and expression of any transgenic construct of interest, with efficiencies higher than are achieved presently. Use of this invention may represent a large potential savings for licensee's constructing transgenic cell lines or animals. All fields of use are available for licensing. The patent rights in this technology have been assigned to the United States of America.

supplementary information: The NIH seeks licensee(s), who in accordance with requirements and regulations governing the licensing of government-owned inventions (37 CFR part 404), have the most meritorious plan for the development of the DNA Chromatin Insulator technology to a marketable status to meet the needs of the public and with the best terms for the NIH. The criteria that NIH will use to evaluate license applications will include, but not be limited to those set forth by 37 CFR 404.7(a)(1) (ii)–(iv).

ADDRESS: Requests for copies of the patent applications, inquiries, comments and other materials relating to the contemplated licenses should be directed to: Joseph G. Contrera, M.S., J.D., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; Telephone: (301) 496–7056 ext. 244; Facsimile: (301) 402–0220. A signed confidentiality agreement will be required to receive copies of the patent applications.

Dated: February 23, 1996.
Barbara M. McGarey,
Deputy Director, Office of Technology
Transfer.
[FR Doc. 96–5448 Filed 3–7–96; 8:45 am]

BILLING CODE 4140-01-M

## **Consensus Development Conference** on Cervical Cancer

Notice is hereby given of the NIH Consensus Development Conference on "Cervical Cancer," which will be held April 1–3, 1996, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on April 1, at 8 a.m. on April 2, and at 9 a.m. on April 3.

The introduction of the Pap test 50 years ago led to a steep decline in deaths from cervical cancer.

Nonetheless, this form of cancer is still one of the most common, accounting for 6 percent of all malignancies in women and 5,000 deaths in the United States each year. Worldwide, cervical cancer remains the leading cause of cancer deaths among women.

The conference will focus on treatment and quality of life issues for women with cervical cancer. For women with early stage disease, these include pretreatment imaging, the role of lymph node resection, primary surgery and radiotherapy, and adjuvant treatment. For women with advanced-stage disease, critical issues include optimal radiotherapy techniques, neoadjuvant and concomitant chemotherapy, pelvic exenteration, and palliative treatment.

Other topics to be addressed include screening patterns and technology, the Bethesda classification for Pap smears, management of preinvasive disease, developments in radiobiology, and prospects for human papillomavirus vaccines.

This conference will bring together epidemiologists; obstetrician/gynecologists; and gynecologic, medical, and radiation oncologists as well as representatives from the public. After 1½ days of presentations and audience discussion, an independent, non-Federal consensus panel will weigh the scientific evidence and write a draft statement that it will present to the audience on the third day. The consensus statement will address the following key questions.

- —How can we strengthen efforts to screen for and prevent cervical cancer?
- —What is the appropriate management of low stage cervical cancer (FIGO stages I–IIA)?
- —What is the appropriate management of advanced stage and recurrent cervical cancer?
- —What are new directions for research in cervical cancer?

The primary sponsors for this conference are the National Cancer Institute and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Institute of Nursing Research, the National Institute of Allergy and Infectious Diseases, the Office of Research on Minority Health, and the Office of Research on Women's Health of the National Institutes of Health, and the Centers for Disease Control and

Prevention. Advance information on the conference program and conference registration materials may be obtained from: Ann Besignano, Technical Resources International, Inc., 3202 Tower Oaks Blvd., Suite 200, Rockville, Maryland 20852, (301) 770–3153, confdept@tech-res.com.

The consensus statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning April 3, 1996, from the NIH Consensus Program Information Service, P.O. Box 2577, Kensington, Maryland 20891, phone 1–800–NIH–OMAR (1–800–644–6627).

Dated: February 21, 1996. Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 96-5450 Filed 3-7-96; 8:45 am]

BILLING CODE 4140-01-M

## National Cancer Institute; Notice of Closed Meeting

Pursuant to Sec. 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting of the National Cancer Institute Initial Review Group:

Purpose/Agenda: Review, discussion and evaluation of individual grant applications. Committee Name: Subcommittee H—Clinical Groups.

Date: March 26-27, 1996.

Time: 8 am.

*Place:* The Holiday Inn Bethesda, 8120 Wisconsin Avenue, N.W., Bethesda, MD 20814.

Contact Person: Dr. John L. Meyer, Scientific Review Administrator, National Cancer Institute, NIH, Executive Plaza North, Room 611C, 6130 Executive Boulevard MSC 7405, Bethesda, MD 20892–7405, Telephone: 301/496–7721.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Program Numbers: 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control.)